

Prepared by and return to:
Joseph M. Sparkman, Jr. MS # 9438
Sparkman, Zummach & Perry, P.C.
Attorneys at Law
Post Office Box 266
Southaven, MS 38671-0266
662 349-6900

Grantor Address: 4145 Chaucer, Southaven, MS 38672
Grantor Telephone Number: Home- 901-262-4024 Work-901-523-8990
Grantee Address: 4145 Chaucer, Southaven, MS 38672
Grantee Telephone Number: Home- 901-262-4024 Work-901-523-8990

**Carrie I. Fowler,
A Widowed Person**

GRANTOR

to:

QUITCLAIM DEED
WITH RESERVATION OF LIFE ESTATE
NO TITLE WORK REQUESTED OF NOR PERFORMED
BY PREPARER OF THIS INSTRUMENT

Carrie I. Fowler, et al

GRANTEES.

FOR AND IN CONSIDERATION of the sum of Ten and No/100 Dollars (\$10.00), cash in hand paid and other good and valuable consideration, the receipt of all which is hereby acknowledged, Grantor, Carrie I. Fowler, a widowed person, does hereby convey, transfer, remise, release, relinquish and quitclaim unto Grantee, Carrie I. Fowler for her natural life with the remainder to Lisa McNeer and Thomas Fowler, as tenants in common, all of Grantor's right, title and interest in and to real property lying and being situated in DeSoto County, Mississippi, being more particularly described as follows, to wit:

INDEXING INSTRUCTIONS:

Lot 412, Section G, Dickens Place Subdivision, PUD, Canterbury Glenn, in Section 9, Township 2 South, Range 7 West, DeSoto County, Mississippi as per plat thereof recorded in Plat Book 84, Pages 18-19 in the office of the Chancery Clerk of DeSoto County, Mississippi.

By way of explanation, Billy B. Fowler a/k/a Billy Burke Fowler departed this life on January 24, 2006 in DeSoto County, Mississippi as per the attached death certificate.

Source of Grantor's equitable interest is a Warranty Deed recorded in Book 502, Page 716 in the office of the Chancery Court Clerk of DeSoto County, Mississippi.

IN WITNESS WHEREOF, Grantor has caused this instrument to be executed on the 27 day of September, 2011.

Carrie I. Fowler
Carrie I. Fowler

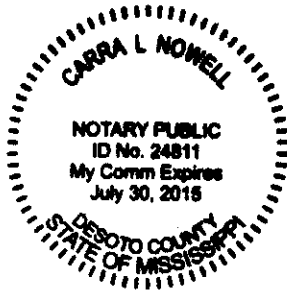
State of Mississippi
County of DeSoto

PERSONALLY appeared before me, the undersigned authority in and for the State and County aforesaid, the within named Carrie I. Fowler, who acknowledge that she executed and delivered the above and foregoing Quitclaim Deed on the day and year therein mentioned as her free and voluntary act and deed and for the purposes therein expressed.

Given under my hand and official seal of office, this the 27 of September, 2011.

Carra L. Nowell
Notary Public

My commission expires:



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH VITAL RECORDS

DK W BK 667 PG 722

PRINT
CK INK

FILING
DATE FEB 06 2006

CERTIFICATE OF DEATH STATE OF MISSISSIPPI

STATE FILE
NUMBER 123-06-001806

ED	1. NAME First Middle Last Billy Burke Fowler			2. SEX Male	3a. HOUR OF DEATH 12:30p m	3b. DATE OF DEATH (Month, Day, Year) January 24, 2006
turned in on, see "K", regarding of "E" items	4. RACE (Specify White, Black, American Indian, etc.) White	5a. AGE AT LAST BIRTHDAY 83 Years	5b. MOS 5c. DAYS 5d. HOURS 5e. MINS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		6. DATE OF BIRTH (Month, Day, Year) May 11, 1922	7a. COUNTY OF DEATH DeSoto
	7b. CITY OR TOWN OF DEATH Southaven	7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either give street address, route number or other location) 4145 Chaucer St.			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA	8. STATE OF BIRTH Tennessee
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College (10-12) (14, 5+) 2	10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married Carrie Irene Gray	11. SURVIVING SPOUSE (If wife, give maiden name)	12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) Yes		
ICE items, location later than test	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) English-American	14. SOCIAL SECURITY NUMBER -1086	15a. USUAL OCCUPATION (Kind of work done most of working life) Sorter	15b. KIND OF BUSINESS OR INDUSTRY U.S. Postal Srvc		
	16a. RESIDENCE-STATE Mississippi	16b. COUNTY DeSoto	16c. CITY OR TOWN Southaven	16d. INSIDE CITY LIMITS (Specify Yes or No) Yes	16e. STREET AND NUMBER OR RURAL LOCATION 4145 Chaucer St.	
3	17. FATHER-NAME First Middle Last Phillip Rodrick Fowler			18. MOTHER-NAME First Middle Maiden Dimple Clark		
ANT	19a. INFORMANT-NAME (Type or print) Carrie Irene Fowler			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4145 Chaucer St. Southaven, MS 38672		
TION	20a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	20b. CEMETERY, CREMATORY-NAME Tn Cremations, Inc. Memphis, TN	20c. LOCATION (City and State) Memphis, TN	21a. EMBALMER-SIGNATURE AND NUMBER N/A		
	21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER Roller Family Funeral Home 3651 Austin Peay Hwy Memphis, TN 38128			21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 38128		
NCEMENT	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) Diane Price R.N.			22b. PRONOUNCED DEAD (Month, Day, Year) ON Jan. 24, 2006	22c. PRONOUNCED DEAD (Hour) AT 12:45P m	
IR	23a. CERTIFIER-NAME (Type or print) Jeffery Pounders			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 4942 Pounders Rd. Nesbit, Ms. 38651		
State health 11-89	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE Jeffery Pounders MD			24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated. SIGNATURE Jeffery Pounders MD		
	24b. DATE SIGNED (Month, Day, Year) Jan. 29, 2006			24f. TITLE Desoto MEI		
IF DEATH	24c. STATE LICENSE NUMBER			24g. DATE SIGNED (Month, Day, Year) Jan. 29, 2006		
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)					
	25. PART I. DEATH CAUSED BY: (a) Gastrointestinal Cancer (b) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):					
cedent egnant 10 Days Death? <input type="checkbox"/> No	26. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I				27. AUTOPSY (Yes or No) NO	28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No) Yes
	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)	29b. DATE OF INJURY (Month, Day, Year)	29c. HOUR OF INJURY m.	29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		
29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)	29g. LOCATION	Street or route number City or town State		

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Brian W. Amy, MD, MHA, MPH
STATE HEALTH OFFICER

FEB 10 2006

Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.